

Public reporting for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing the burden, to CMS, Office of Financial Management, P.O. Box 26684, Baltimore, MD 21207; and to the Office of Management and Budget, Paperwork Reduction Project (0938-0390), Washington, D.C. 20503.

(Y1) Provider / Supplier / CLIA / Identification Number 175151	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 2/11/2015
Name of Facility LAWRENCE MEMORIAL HOSPITAL SNF		Street Address, City, State, Zip Code 325 MAINE ST LAWRENCE, KS 66044

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/ or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

(Y4)	Item	(Y5)	Date	(Y4)	Item	(Y5)	Date	(Y4)	Item	(Y5)	Date
			Correction Completed 01/14/2015				Correction Completed 01/14/2015				Correction Completed 01/14/2015
ID Prefix	F0221			ID Prefix	F0278			ID Prefix	F0281		
Reg. #	483.13(a)			Reg. #	483.20(g) - (i)			Reg. #	483.20(k)(3)(i)		
LSC				LSC				LSC			
			Correction Completed 01/14/2015				Correction Completed 01/14/2015				Correction Completed 01/14/2015
ID Prefix	F0287			ID Prefix	F0314			ID Prefix	F0323		
Reg. #	483.20(f)			Reg. #	483.25(c)			Reg. #	483.25(h)		
LSC				LSC				LSC			
			Correction Completed 01/14/2015				Correction Completed 01/14/2015				Correction Completed 01/14/2015
ID Prefix	F0329			ID Prefix	F0428			ID Prefix	F0441		
Reg. #	483.25(l)			Reg. #	483.60(c)			Reg. #	483.65		
LSC				LSC				LSC			
			Correction Completed				Correction Completed				Correction Completed
ID Prefix				ID Prefix				ID Prefix			
Reg. #				Reg. #				Reg. #			
LSC				LSC				LSC			
			Correction Completed				Correction Completed				Correction Completed
ID Prefix				ID Prefix				ID Prefix			
Reg. #				Reg. #				Reg. #			
LSC				LSC				LSC			

Reviewed By _____ State Agency	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: _____		
Reviewed By _____ CMS RO	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: _____		
Followup to Survey Completed on: 12/15/2014		_____ Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? <table border="0" style="float: right; margin-top: -20px;"> <tr> <td>YES</td> <td>NO</td> </tr> </table>			YES	NO
YES	NO					